



**CURRENT SECTION 8 TENANTS ONLY**  
**(Not Waiting List Applicants)**  
**INTERIM CHANGE REQUEST FORM**  
HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)



**IMPORTANT NOTES:**

- **Change Form must be submitted within 14 days of change**
- **No change requests/reports will be accepted over the phone**
- **Form and verifications must be complete to be processed**
- **Required verification must be provided by client**
- **Change will not be completed without required verification**

**Form to be submitted to:**

Frederick County Department of Housing and Community Development  
520 North Market Street, Frederick, MD 21701.

This form may be downloaded from the Housing Website at [www.FrederickCountyMD.gov/housing](http://www.FrederickCountyMD.gov/housing), or obtained in person from the Front Desk Receptionist at 520 North Market Street, Frederick, MD 21701.

**YOU WILL RECEIVE FOLLOW-UP NOTIFICATION ONLY IF THIS CHANGE AFFECTS  
YOUR PROGRAM STATUS AND/OR PAYMENTS**

**Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Current Phone#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TYPE OF CHANGE: CHECK TYPE / EXPLAIN CHANGE**

- \_\_\_\_\_ Increase in Income
- \_\_\_\_\_ Decrease in Income
- \_\_\_\_\_ Increase in Family Size (birth, adoption or court awarded custody, marriage)
- \_\_\_\_\_ Decrease in Family Size
- \_\_\_\_\_ Child care change
- \_\_\_\_\_ Other: \_\_\_\_\_

**BRIEFLY EXPLAIN CHANGE (for example "hours at work increased"):**

**INCOME/FINANCE CHANGES: VERIFICATIONS REQUIRED Program Client is responsible to provide**

**INCREASE IN INCOME**

- **Employment:** Attach letter from employer: original letterhead / original signature. Letter must provide start date of employment and gross income information - either annual salary or hourly wages with number of hours/period.
- **Other:** Attach copy of award letter or other verifying documentation.

**DECREASE IN INCOME**

- **Loss of Employment:** Need employer verification (letterhead/original signature) stating last day.
- **Other:** Attach written documentation to verify change.
- **If change puts you at Zero Income:** Must complete a notarized FCDHCD Zero Income Statement.

**Form Continues on Back**

**CHILD CARE CHANGE**

- Provide name/address of provider, name of child/children in care, and amount paid.
- If you receive POC/ Work-care, you must indicate the amount you pay.

**HOUSEHOLD COMPOSITION CHANGES: CLIENT ACTION & VERIFICATIONS REQUIRED**

***Any additions to household require written approval from your landlord.  
FCDHCD Staff must see originals of Birth Certificates, Photo IDs and Social Security Cards***

**INCREASE IN FAMILY SIZE: CHILDREN UNDER 18 ONLY**

- Provide birth certificate, adoption papers, and/or court awarded custody papers
- Provide social security card

**REQUEST TO ADD AN ADULT TO HOUSEHOLD: ANYONE 18 OR OVER**

- Complete as above (for child) and,
- Request a New Person Packet
- **Any adult must have written approval from FCDHCD to be added to the household before they may reside in the unit.**
- The DCHD will contact you to make appointments necessary complete this process.

**DECREASE IN FAMILY SIZE:**

- Who left? Name \_\_\_\_\_ Social Security \_\_\_\_\_
- Why? \_\_\_\_\_
- When did they leave? \_\_\_\_\_
- Where did they go? \_\_\_\_\_  
Address: \_\_\_\_\_
- Attach proof of other residence: (i.e. copy of lease, utility bill, affidavit statement, or some other written documentation)

By signing this form, I certify under penalty of perjury that **ALL** of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY** under Title 18, Section 1001 of the United States Code and Maryland state law. Punishment may include incarceration and severe monetary fines.

***WARNING: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.***

XXX – XX -

SIGNATURE OF PARTICIPANT

SOCIAL SECURITY #

**FORM MUST BE RETURNED TO:**

Frederick County DHCD / Attn: HCV Program  
520 North Market Street • Frederick, Maryland 21701  
301-600-3504 • FAX 301-600-3585 • TTY Use Maryland Relay  
[www.FrederickCountyMD.gov/Housing](http://www.FrederickCountyMD.gov/Housing)

**If Faxing or Mailing Form, please call to verify that form has been received.**